Tells the Facts and Names the Names

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Sex, Freedom and the Catholic Church

BY JOANN WYPIJEWSKI

Somewhere in Rome, cutting a path, if memory serves, from the area of Largo Argentina to the Pantheon, is a mere sliver of a street whose shops cater to the trade of the Catholic religious. One finds there a representation of the psychosexual orders of the church as exquisite as the real-life manifestation is corrupt. In one half of a typical shop-front window might be a grey lambswool cardigan, mannish overcoat, sensible black shoes, maybe a bit of pale blue amid the white cotton blouses; in the other half, yards of draped brocade, a fringed stole, silken colors as glistening as the arrangement of silver and gold rings and the beautifully turned chalices. "Male and female he created them", here with a twist.

Perhaps it was on this street that the cardinals who staged fashion shows at the Vatican for one another in the time of Paul VI (aka the Red Queen of Milan) purchased their finery; likewise the bitter campophobes clustered around Cardinal Ratzinger under John Paul II. Gay or straight, they and the whole priestly cohort at least dress the part that the two Popes have articulated for them: that of "eunuchs for the sake of the kingdom of heaven", guardians at the gate of the Vatican's own special seraglio, where sex is banned unless one can get away with it, and women are confined without pleasure, power, or even, since the scuttling of habits for these true adherents to the vow of poverty, a consoling ostentation.

Now some Catholics are calling to shut down the seraglio—to free men of the cloth for manhood, women for ordination and both for marriage. Others, notably the Ratzinger wing of the hierarchy and its most rabid supporters, urge a redoubling of efforts toward repression. They also propose a purge of homosexual priests, a move that would complete John Paul's triumph over the Red Queen's old twirlers but also decimate America's dwindling priesthood (estimated to be 35 to 50 percent gay) and probably much of Europe's.

When the subjects of celibacy and ordination of women have threatened to be raised within the church, the Pope's reflex, like that of his predecessors, has been to stifle discussion before it begins. In 1965, during the Second Vatican Council, Paul VI pre-empted reconsideration of celibacy and two years later issued the encyclical *Sacerdotalis Caelibatus*, in which for the first time in its history the church equated priestly continence with the castrati, invoking an enigmatic comment by Jesus in Matthew 19: "There are some eunuchs, which were so born from their mother's womb; and there are some eunuchs, which were made eunuchs of men; and there be eunuchs, which have made themselves eunuchs for the kingdom of heaven's sake. He that is able to receive it, let him receive it." (The New American Bible cannot bring itself to use the word "eunuch", though most other translations do.) John Paul II reiterated this argument in a fifty-page "apostolic exhortation" in 1984, much to the dismay of nuns and priests, whom he described as "eunuchs" practicing celibacy "as an expression of spousal love for the redeemer himself."

At the recent conclave of cardinals in Rome, those who'd been expected to raise the hard questions kept mum. Since then there has been more dissension among the faithful, more lay meetings to discuss reform, more ad hoc groups of high donors urging a withholding of tithes. There have

(**Church and Sex** *continued on page 2)*

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also been more lawsuits, more "recovered memories".

In a sense, the priest scandal is the churchly equivalent of the Clinton impeachment. Here is a hierarchy that is totalitarian in perspective and actual practice, brooking no opposition, no equality and no voice of the people, to whom it has lied and whose liberty it has been intent on squelching for centuries. Piously proclaiming its fealty to Jesus, it long ago abandoned his commands to poverty, simplicity and love in the fullest sense. "My kingdom is not of this earth", Jesus said, but the Vatican ranks among the richest and most stratified kingdoms in the world. "Judge not", but from the earliest days of their accumulation of power between the second and fourth centuries the Church Fathers took obsessive interest in the sexual practices of the people and assumed an authoritarian prerogative to control their bodies and their minds.

"Love one another", but they made sin, not love, the cornerstone of their teachings; and pride, not sympathy, their guiding star. "Be of good cheer; I have overcome the world", but they took those astonishing words and perverted them for worldly power, and with it pressed upon the people a faith in conformity and an acceptance of a lordly priesthood. How pinched, then, to regard the sexual crimes or perverted behavior of a priestly minority as the ultimate abuse. "Anything to bring him down", left opponents of Clinton used to say, and one hears the same about the church now. But the sex panic around Clinton was dangerous because it did nothing to upset the structures of power and deceit imbedded in the presidency while it emboldened society's most straitened elements, the enemies of human weakness and freedom. The sex panic around the church is not too different. When American bishops meet in June to resume discussion on the priesthood scandal, the most that can be hoped is that someone will broach the subject of heterosexual marriage.

Out of the frying pan and into the fire…

Let's put aside for the moment the obsessions and hypocrisies of the church, and return to that street in Rome with its projections of male-female performance. Like stage costumes, those vestments suggest life at an angle to the universe of the every-day. They are alluring just as communities of religious men and women are alluring—not because they provide the best model but because for so long they provided practically the only model of adult life distinct from Married With Children.

Growing up Catholic in the sixties, I'm not sure I understood this, but my gay contemporaries did. Even after gay and women's liberation, these communities have retained, at least in theory, a kind of radical essence, standing as they do outside the systems of advertised desirability, coupledom, love under contract, property exchange and primo- or any geniture. Because, in practice, priests throughout the world have wives, children, concubines and gay lovers, it's sensible enough to suggest, as Jon Meacham did in a recent issue of Newsweek, that the church should recognize these relationships, extend the opportunity to all priests and join the twenty-first century where women and homosexuals are concerned.

But the church isn't sensible, and wouldn't be even if it shed every taint of corruption and made itself a union of equal spirits. So long as it exists, the question 'What should it do about priests and sex?' is therefore best answered in the form of a meditation on the religious essence rather than with a list of helpful hints. People seek religion for transcendence, not for an approximation of the ordinary. For the old ascetics, ecstatic experience more than substituted for sex and then became part of church iconography. Imagine the neutered parish priest, the Pope's eunuch, performing mass at the church of S. Andreo delle Fratte in Rome, within eyeshot of Bernini's statue of St. Theresa in ecstasy. For him, where is the transcendent sensual experience? Not in the drear of enforced celibacy or secret gropings and certainly not in marriage. I turn this question over in my mind and imagine one path: a priesthood of men and women, gay and straight, freed for sex but barred from marriage.

And not just any sex; rather sex as a pure act of love, of giving and expecting nothing in return. No vows, no bargains, no possibility for betrayal or divorce, for tearful children standing in the doorway as mummy or daddy explains it's not their fault; no "relationship" except with all of humanity, wherever there is the need for tenderness, for affection, for spiritual and physical intimacy. Let them perfect lovemaking as they strive to perfect love, living in such a way as to belong to no one and to everyone, missionaries without aim of converts, their satisfaction, their happiness derived from the comfort and pleasure, indeed ecstasy, of another.

This is, after all, a religion whose adherents are enjoined by Jesus in Luke 6:27-38: "Love your enemies, do good to those who hate you. Bless those who curse you, pray for those who calumniate you. And to him who strikes thee on the one cheek, offer the other also; and from him who takes away thy cloak, do not withhold thy tunic either...And even as you wish men to do to you, so also do you to them. And if you love those who love you, what merit have you? For even sinners love those who love them. And if you do good to those who do good to you, what merit have you? For even sinners do that. And if you lend to those from whom you hope to receive in return, what merit have you? For even sinners lend to sinners that they may get back as much in return. But love your enemies, and do good, and lend, not hoping for any return, and your reward shall be great, and you shall be children of the Most High, for he is kind towards the ungrateful and evil. Be merciful, therefore, even as your Father is merciful. Do not judge, and you shall not be judged; do not condemn, and you shall not be condemned. Forgive, and you shall be forgiven; give, and it shall be given to you; good measure, pressed down, shaken together, running over, shall they pour into your lap. For with what measure you measure, it shall be measured to you."

It is no wonder the Church Fathers shudder from the power of sex and take cover behind rules and scriptural arcana. For what domesticated sexuality, what sensual abnegation or soul-smothering celibacy can possibly meet the radical demands of such love?

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James Marion Sims:
Father of Gynecology? Or Ur-Nazi Doctor?

By Wendy Brinker

On the shady northwest corner of the statehouse grounds in Columbia, South Carolina, a place wrought with controversy over its harsh, shameful tributes to slavery, sits a monument dedicated to James Marion Sims. The monument honoring the South Carolinian from Lancaster County curiously dubbed "The Father of Gynecology" is one of the largest on the site.

In front of a large cement archway sits a bronze bust of Sims, looking down with crooked brow and a fatherly grin. Directly beneath his image is a quote from Hippocrates, "Where the love of man is, there is also the love of art". Etched in a panel to the left, an inscription touts Sims as "The first surgeon of the ages in ministry to women, treating alike empress and slave". On the panel to the right, the inscription continues, "He founded the science of gynecology, was honored in all lands and died with the benediction of mankind".

Historians from South Carolina proudly proclaim that Dr. Sims innovated techniques and developed instruments that changed the landscape of women's reproductive health. Outside accounts portray him quite differently. What is not in dispute is that between 1845 and 1849, in a makeshift hospital he built in his backyard, Sims inaugurated a long, drawn-out series of excruciating, experimental gynecological operations on countless enslaved African women. This was all done without the benefit of anesthesia or before any type of antiseptic was used. Many lost their lives to infection. It is their story that history has failed to tell and their legacy of courage and endurance that should be honored, not their captor's.

In an autobiography entitled, "The Story of My Life," Sims described himself as quite unexceptional. He was born in 1813 and received his higher education at Columbia College, predecessor of the University of South Carolina, and received a BA in 1832. To his son's announcement of medicine as his profession, John Sims replied, "To think that my son should be going around from house to house through this country, with a box of pills in one hand and a squirt in the other, to ameliorate human suffering, is a thought I never supposed I should have to contemplate". Reluctantly, he sent young Sims to apprentice under the tutelage of Dr. Churchill Jones, a once respected doctor in Lancaster, who was now suffering from chronic alcoholism.

Although Sims recalled him as unfit to perform his duties, he observed the failing doctor perform many surgeries and deliver many lectures. Insecure, yet inspired to become a surgeon, Sims left for Charleston Medical College in November of 1833. He admits, "I was afraid to be a man; I was afraid to assume its responsibilities and thought that I did not have sense enough to go out into the rough world, making a living as other men had to do". He was unprepared for the rigors of Charleston Medical College. For his next term he attended Jefferson Medical College in Philadelphia and it was there Sims met another great influence in his life, Professor George McClellan. He describes him as, "very eccentric and erratic as a teacher... Not that he had much system, but whatever he said was to the point".

In May of 1835, equipped with some surgical instruments and an eight-volume medical text, Sims returned to Lancaster eager to practice medicine. He had no clinical experience, logged no actual hospital time and no experience diagnosing illnesses. Dr. Jones had left the area. After weeks of sitting alone in a Main Street office his father had rented, Dr. J. Marion Sims treated his first patient. It was the young son of a prominent citizen of Lancaster. Sims documented, "When I arrived I found a child about eighteen months old, very much emaciated, who had what we would call the summer complaint, or chronic diarrhea. I examined the child minutely from head to foot. I looked at its gums, and as I always carried a lancet with me and had surgical propensities, as soon as I saw some swelling of the gums I at once took out my lancet and cut the gums down to the teeth. This was good so far as it went. But, when it came time to making up a prescription, I had no more ideas of what ailed the child, or what to do for it, than if I had never studied medicine".

Between 1845 and 1849, in a makeshift hospital he built in his backyard, Sims inaugurated a long, drawn-out series of excruciating, experimental gynecological operations on countless enslaved African women.

Sims returned to his office and studied his medical text for any clue as to how to proceed. A professor at Jefferson, John Eberle, known for his unorthodox approach to medicine, authored the reference books Sims now relied on. Eberle drew from various schools of thought, including the use of leeches. Sims administered a haphazard regimen of prescriptions to the child, going from chapter to chapter in Eberle's books, but to no avail. After a few days, the infant died. Sims' second case came two weeks later. It was another infant with the same symptoms. Sims retracted the gums and administered another series of treat-

(**Sims** *continued on page 4)*

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ments, this time starting at the last chapter in the book and working backwards. He accomplished the same result. Sims lamented, " I had the misfortune to lose my first two patients, and the thought of it was too terrible to be borne. I had never heard of such terrible luck, and never thought that such misfortune could ever happen to any young man in the world".

In October of 1835, immediately after the death of the two infants, John Sims took his son to Alabama. It is unclear why the young doctor left Lancaster, but his reputation could not have been favorable. After three weeks by wagon, they made it as far as Mt. Meigs, Alabama, where he apprenticed under two doctors, Dr. Lucas and Dr. Childers. Lucas was a politician and had made his fortune from cotton. Sims was impressed that Lucas owned two to three hundred slaves and had influence and power in the community. Childers was an old-fashioned country doctor that allowed Sims to accompany him on his house calls. After witnessing Childers "bleed" a patient to death, one of his favorite cure-alls, Sims admitted, "I knew nothing about medicine, but I had sense enough to see that doctors were killing their patients; that medicine was not an exact science; that it was wholly empirical, and that it would be better to trust entirely to Nature than to the hazardous skills of the doctors".

A month after arriving, Sims bought out Childers' practice for a two hundred-dollar promissory note. His first patient came while Lucas was away in Tuscaloosa on legislative business. Sims was summoned 40 miles away to the home of a cotton farmer whose sister was running a high fever after delivering. The attending doctor was present, but obviously drunk. Sims refused to take over the care of the woman - again, having no idea what treatment to administer. He returned to Mt. Meigs and the woman died a day after he departed.

A month later, with Lucas still away, a request for a doctor came on behalf of an ailing slave overseer. Sims reluctantly departed to examine the man. He found a lump inside his abdomen and explained, "This is matter here and it must come out or this man will die". He was granted permission to operate and described the procedure as such, "We went in to the room - it was before the days of anesthetics - and, pulling out a bistoury (scalpel), I plunged it into his belly. I think it was one of the most happiest moments of my life when I saw the matter flow and come welling up opposite the bistoury". Amazingly, the man eventually made a full recovery. Such was the nature of Sims' first surgical experience as he began to practice medicine.

Acting primarily as a plantation physician, Sims became known for operations on clubfeet, cleft palates and crossed eyes. He began to treat enslaved babies suffering from what he called "trismus nascentium," now known as neonatal tetanus. Tetanus originates in horse manure, and it's probable the proximity of the slave quarters to the horse stables was the direct cause of the high rate of tetanus in enslaved babies. In an article published by Sims on the subject, he comes to quite another conclusion that offers us a glimpse into his personal views. "Whenever there are poverty, and filth, and laziness, or where the intellectual capacity is cramped, the moral and social feelings blunted, there it will be oftener found. Wealth, a cultivated intellect, a refined mind, an affectionate heart, are comparatively exempt from the ravages of this unmercifully fatal malady. But expose this class to the same physical causes, and they become equal sufferers with the first". Since he attributed the cause of the disease to the moral weakness of the enslaved Africans, he never suggested the need to improve their living conditions.

Sims also argued that the movement of the skull bones during a protracted birth contributed to trismus. Clearly designating patients by class and race, Sims began to exercise his freedom to experiment on the enslaved infants. He took custody of them and with a shoemaker's awl tried to pry the bones of their skulls into proper alignment. According to his published articles, this procedure was only practiced on enslaved African babies. Because he "owned" these poor, innocent children, he had free access to their bodies for autopsies, which he usually performed immediately after death. Sims routinely blamed "slave mothers and nurses for infant suffering, especially through their ignorance".

Enslaved African midwives were numerous throughout the South. For hundreds of years, childbirth was not considered a "sickness" and for the most part, physicians did not attend births. But in the mid-nineteenth century, the attitude of the white male medical practitioners towards midwifery was changing. Male-dominated medicine was now challenging female-governed childbirth. The African midwife's spiritual traditions and knowledge of rituals and herbs handed down orally through generations earned her honor and respect among the enslaved. Just as the Southern physician was at the core of his social web, the midwife enjoyed equivalent status. This could have fueled the white master's need to remove them from positions of prominence.

Sims evaded the issue of slavery and race and never admitted publicly that he experimented on patients who did not own their own bodies. In his use of woodcuts accompanying his lectures, he portrayed his earlier female patients as white.

The early obstetricians chose to exclude midwives from their research and utterly dismissed their collective knowledge. Reminiscent of witch-hunts, persecution of midwives by white males was beginning to play out again on southern plantations. Women were pivotal in slavery's very definition. Enslavement was perpetuated through the status of the mother. If she was a slave, so were her children. They were frequently the objects of sexual rapes by those who held power over them.

The economy of slavery imposed the role of "breeder" on these women and their ability to reproduce was equated with their worth as property. They never received enhanced diets or lower workloads while pregnant and often endured

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great hardships during childbirth. Reasons for prolonged labor among African women were probably related to their diet. In a relatively high percentage of Africans, dairy products not only fail to yield calcium in digestion, but can also cause sickness. Calcium deficiencies during childhood often result in rickets. This condition isn't fatal, but it causes skeletal deformities, among them a contracted pelvis that would result in a prolonged delivery. Not surprisingly, a condition known as vesico-vaginal fistulas, or vaginal tears, was prevalent among enslaved women.

One spring afternoon in 1845, Sims was summoned to the Westcott plantation about a mile out of Montgomery. A young, enslaved woman named Anarcha, one of seventy-five Africans held captive there, had been in labor for three days without delivering. Sims tried to aid the birth by applying forceps to the impacted head of the fetus. He recalled having little experience using the instrument. The baby was born - no record if it lived or died - and the mother sustained several fistulas, resulting in incontinence. It is unclear whether Sims inflicted the damage himself while using the unfamiliar forceps or they occurred as a result of the prolonged birth.

Several days after Anarcha delivered, she was sent to Sims in hopes he could repair the damage. Sims found her condition repugnant. Her value had diminished considerably, and Sims attempted to repair Anarcha's badly damaged body. It should be noted that in his treatment of female disorders Sims showed an uncommon willingness to break cultural barriers. Most physicians in the Victorian period shunned the impropriety of visually examining a woman internally. They generally relied on the use of touch as a more genteel method.

Earlier in his career, Sims treated a female patient who had been thrown off a pony. He placed her on her hands and knees and fashioned a crude tool from a pewter spoon to expand the walls of the vagina. This spoon was the first prototype for the speculum, now called the Sims speculum. The patient's relief was immediate, since the change in air pressure successfully relocated her uterus to its proper position. Sims described the moment as if he had a spiritual epiphany. "I cannot, nor is it needful for me to describe, my emotions when the air rushed in and dilated the vagina to its greatest capacity whereby its whole surface was seen at one view, for the first time by any mortal man". His success with this single procedure now convinced Sims he could find a surgical remedy for vesico-vaginal fistulas. Finally, he could make a name for himself.

Eager to devote the rest of his life to this condition, he built a crude sixteen-bed hospital in his backyard. To aid him in his experiments, he fashioned over 71 surgical instruments. Sims sent for as many cases as he could find. Plantation owners were happy to turn their incontinent, damaged female slaves over to Sims for experimentation since they were of little use to their masters in their present condition.

Between January 1846 and June 1849, Sims experimented surgically on as many as eleven patients at one time. Two enslaved women in addition to Anarcha - Betsy and Lucy - were also young women who contracted fistulas giving birth for the first time. Together, these three women endured repeated operations and were patients of Sims for the duration of the hospital's existence. Anarcha is believed to have undergone over thirty operations. Sims subscribed to a commonly held belief that Africans had a specific physiological tolerance for pain, unknown by whites. He never felt the need to anesthetize his black patients in Montgomery. The white women, who came to him after the surgery had become an accepted form of treatment, were unable to withstand the same operation without anesthesia, according to Sims.

While he never administered anesthesia during the experiments, he did include opium in his postoperative treatment. Opium kept the patients still, aiding the healing process, and Sims found the accompanying constipation a necessity in the aftermath of surgery. He also emphasized minimal food and water for a two-week period after surgery. In the first months of the original surgeries, Sims would invite his colleagues to witness the operations. As the number of operations grew and the failures mounted, Sims soon found himself operating alone. The hospital was "off limits" to Sims' family so he had to rely on the assistance of the enslaved victims themselves.

After a couple of years of repeated surgeries and failures, his wife's brother, Dr. Rush Jones from the neighboring county of Lowndes, implored him to stop his experiments. "We have watched you, and sympathized with you; but your friends here have seen that of late you are doing too much work, and that you are breaking down. And, besides, I must tell you frankly that with your young and growing family, it is unjust to them to continue in this way, and carry on this series of experiments". Sims replied, "I am going on ... to the end. It matters not what it costs, if it costs me my life".

To those close to Sims, it appeared his preoccupation with the experiments had become an obsession. Sims had been suturing the vaginal tears with materials common to that era, mostly silk and catgut, which absorbed bodily fluid. This caused inflammation around the wounds, promoting horrible infections that would never heal. It is unclear what prompted Sims to have his jeweler fashion some fine silver wire for suturing wounds. He used it on one of Anarcha's fistulas at the base of her bladder. Days later, when Sims found no infection, he declared that silver sutures were the key to mending vesico-vaginal fistulas. He quickly utilized the metal sutures on all of his captives and claimed to have cured them all, but there is no outside evidence to support his claim.

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He declared, "I had made, perhaps, one of the most important discoveries of the age for the relief of suffering humanity".

Sims never recorded if he was able to heal Anarcha of her other fistulas and to this day, physicians debate the type of suture to use in the operation, although the condition is rarely seen anymore. Sims' success remains unsubstantiated by all medical standards. In the fall of 1849, Sims was stricken with an intestinal illness and spent several years moving from place to place in search of relief. In 1853, he moved to the cooler climate of New York.

While Sims maintained a strong commitment to the morality of slave ownership and held a strong allegiance to the South, he began to revise and adjust his tone to the different political harmonics he heard on Madison Avenue. Sims evaded the issue of slavery and race and never admitted publicly that he experimented on patients who did not own their own bodies. In his use of woodcuts accompanying his lectures, he portrayed his earlier female patients as white. Now that he chose to practice among white women of the upper and middle classes, he stated of his surgeries, "I thought only of relieving the loveliest of all God's creation". It seems he'd forgotten his distaste for Anarcha, Betsy and Lucy and all of the other enslaved women he had mutilated or killed over the years.

Sims went on to convince a group of philanthropic women of the old New York's elite class that his motives were sincere and his methods proven. He garnered enough enthusiasm and financial support to set up a woman's charity hospital in May of 1855. Sims was once again in business to perform his operations, this time, on poor Irish immigrant women. He is honored with a statue on the corner of 103rd Street and Fifth Avenue for his contributions. He traveled extensively to Europe and enjoyed the reputation of being a famous American doctor. While abroad in 1863, he was asked to examine Empress Eugenie of France. This is how the inscription came to read, "treating alike empress and slave," although he employed very different methods of treatment depending on the patient's social status. He faithfully sent money to support the confederacy, but never returned to the south. He died in New York in 1883.

The success of J. Marion Sims as "the father of gynecology" in the United States solely resulted from the personal sacrifices of the enslaved African women he experimented on from 1845 to 1849. Had they not been his property, giving him carte blanche to cut them open and sew them back up as he saw fit, he could never have devised the surgical technique that brought him international recognition. He never expressed any interest in the cause of vesico-vaginal fistulas or in the health of the women themselves. Nor did he concern himself with the extent of recovery made by the patients. And never did he express moral uncertainty over keeping women captive for the expressed purpose of painful surgical experiments.

Undeniably, nineteenth century medical practices were crude and painful, but Sims' contemporaries felt him unnecessarily cruel. Since it was illegal for enslaved Africans to read or write, an offense punishable by death, Anarcha, Betsy and Lucy left no account of their ordeal. We can only imagine what they endured at the hands of Sims. All over the world, Sims has been honored and memorialized with statues and plaques. Buildings, hospitals, foundations, schools and streets bare his name. While it is impossible to negate the historical context of his racial, class and gender biases, shouldn't we agree to apply some basic standard of humanity to those we choose to honor?

The success of J. Marion Sims as "the father of gynecology" in the United States solely resulted from the personal sacrifices of the enslaved African women he experimented on.

Wendy Brinker is an activist and artist in Columbia, South Carolina. She is currently at work on a documentary film on the life of Sims and his victims.

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